INFANT Assessment Questions

Fully Formula Feeding

1.	What is	your (greatest	concern	about	your	baby?
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Free form answer

- 2. What kind of formula is your baby drinking?
 - A. How many ounces per feeding, number of feedings in 24 hours?
 - B. How is it prepared and stored?

Free form answer

- 3. How many wet and dirty diapers does your baby have in 24 hours?
- 4. Does your baby see someone for medical care (one answer)?

Yes

No

5. Tell me about any health issues your baby has and who diagnosed it.

Free form answer

6. Does your baby's caregiver (babysitter, child care provider) smoke indoors (one answer)?

Yes

No

7. Tell me if your baby consumes any of the following (may choose more than one answer):

N/A

Vitamin drops (multi or vitamin D)

Other supplements

Herbs

Teas

Medications

Honey

Raw/undercooked eggs, meats/fish or dairy

Non-food items

8. What have you heard about introducing foods to your baby?

Free form answer

- 9. Tell me about what your baby eats and drinks (if applicable):
 - A. How many times per day? What kinds/textures of food?
 - B. What does your baby drink (other than formula)?
 - C. What does your baby drink from (bottle, sippy, cup, straw)?

Free form answer

10. Do you have any additional questions?

Free form answer

Possible discussion topics:

How to tell if your baby is receiving enough formula Readiness for foods How to introduce new foods Progressing to table foods Weaning to a cup or using a cup Food safety

Potential referrals:

RD
Medical care provider
Medicaid
SNAP
Food banks
Childcare

Mid-Year Certification Questions: Infants

1. Tell me about his/her intake in a typical day.

Free form answer

2. Do you have any concerns or questions about feeding your baby?

Free form answer

3. Have there been any changes since the last visit in his/her health, such as a new medical diagnosis or problems?

Free form answer

4. Is he/she up to date with well-baby visits and immunizations?

Free form answer

5. Do you have any other questions for me?

Free form answer